

**ADOPTION THROUGH COLLABORATIVE PARTNERSHIPS
RFP # FAM-11-084**

**CERTIFICATION REGARDING ELECTRONIC DATA INTERCHANGE
(electronic payment)**

This document serves as certification that

(Name of Applicant Agency)

**Is eligible, or will apply for access to the Virginia Department of Accounts
Remittance Electronic Data Interchange Virginia. No reimbursement by check will
be made to the applicant agency by the Virginia Department of Social Services.**

Authorized Official Signature

Date

Printed Name

Title